Form 8

FORM 8. Entry of Appearance

| UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT | | | | | | |
|--|---|---|----------------------------|---------------------------------------|---|--|
| Southwestern Management, Inc. | | | v. | V. Ocinomled, Ltd. | | |
| No. 15-1939 | | | | | | |
| ENTRY OF APPEARANCE | | | | | | |
| appellants shoul | d read par th the cler | l should refer to agraphs 1 and 18 k within 14 days | Federa of the G | l Circuit Rule 4 uide for Pro Se I | 7.3. Pro se petitioners and Petitioners and Appellants. and serve a copy of it on the | |
| Please enter my | appearanc | e (select one): | | | | |
| ☐ Pro Se | \boxtimes | As counsel for: | unsel for: Ocinomled, Ltd. | | | |
| I am, or the party I represent is (select one): | | | | | | |
| Petition | | Respondent | | nicus curiae | ☐ Cross Appellant | |
| ☐ Appellar | nt 🖂 | Appellee | ☐ In | tervenor | | |
| As amicus curiae or intervenor, this party supports (select one): | | | | | | |
| Name: Dickerson M. Downing | | | | | | |
| Law Firm: | | Law Offices of Dickerson M. Downing | | | | |
| Address: | | 243 Tresser Boulevard, 17th Floor, | | | | |
| City, State and Zip: | | Stamford, CT 06901 | | | | |
| Telephone: | | 203 355-3620 | | | | |
| Fax #: | | 203-355-3601 | | | | |
| E-mail address: | | ddowning@downingip.com | | | | |
| Statement to be completed by counsel only (select one): | | | | | | |
| ☑ I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me. | | | | | | |
| ☐ I am replacing as the principal attorney who will/will not remain | | | | | | |
| the case. [Government attorneys only.] | | | | | | |
| 🔲 I am not tl | ne principa | al attorney for thi | s party i | n this case. | | |
| Date admitted to | Federal C | ircuit bar (counse | el only): | 03/15/02 | | |
| This is my first a (counsel only): Yes | | before the United | d States | Court of Appeals | s for the Federal Circuit | |
| A courtroom accessible to the handicapped is required if oral argument is scheduled. | | | | | | |
| | Date September 2, 2015 Signature of pro se or counsel | | | | | |
| cc: All Opposing | All Opposing Counsel | | | | | |